

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **NURSE STAFFED SPECIALTY CARE TRANSPORT  
UNIT INVENTORY**

REFERENCE NO. 712

PURPOSE: To provide a standardized minimum inventory on all Nurse Staffed Specialty Care Transport (SCT) Units.

PRINCIPLE: Any equipment or supplies carried for use in providing emergency medical care must be maintained in good working order.

POLICY:

- I. Nurse staffed SCT vehicles shall carry the following equipment. Reasonable variations may occur; however, any exceptions must have prior approval of the EMS Agency. Transport vehicles shall also be equipped and supplied in accordance with Ref. No. 710, Basic Life Support Ambulance Equipment.
- II. Nurse staffed vehicles performing advanced life support (ALS) level transports do not require the addition of the ALS inventory; however, if nurses are utilized in lieu of respiratory care practitioners (RCPs) for the transport of ventilator patients, all medications and equipment on Reference No. 713, Respiratory Care Practitioner (RCP) SCT Unit Inventory and not included herein, must be added to the SCT unit.
- III. All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens.

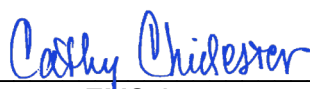
<b>MEDICATIONS</b> (minimum required amounts)			
Adenosine	<b>24mgs</b>	Epinephrine (1mg/mL)	<b>1mgs</b>
Albuterol (pre-mixed w/ NS)	<b>20mgs</b>	Epinephrine (0.1mg/mL)	<b>5mgs</b>
Amiodarone	<b>450mgs</b>	*Fentanyl <sup>1</sup>	<b>400mcgs</b>
Aspirin (chewable 81mg)	<b>648mgs</b>	Levophed <sup>6</sup>	<b>4mgs (1)</b>
Atropine sulfate (1mg/10mL)	<b>2mgs</b>	Lidocaine 2%	<b>200mgs</b>
Calcium chloride	<b>1gm</b>	Midazolam <sup>2</sup>	<b>20mgs</b>
Dextrose 10% / Water 250mL	<b>3 bags</b>	*Morphine sulfate <sup>3</sup>	<b>12mgs</b>
Dextrose solution (glucose paste may be substituted)	<b>45gms</b>	Naloxone	<b>2mgs</b>
Diphenhydramine	<b>100mgs</b>	Nitroglycerin (SL) spray, tablets, or single dose powder packets	<b>1 pump/ bottle/ or 36 packets</b>

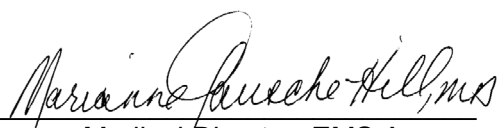
<b>INTRAVENOUS FLUIDS</b> (minimum required amounts)			
Normal saline 1000 mL	<b>2 bags</b>	Normal saline 250 mL	<b>2 bags</b>

EFFECTIVE: 01-01-78  
REVISED: 10-01-19  
SUPERSEDES: 09-01-18

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APPROVED:

  
Director, EMS Agency

  
Medical Director, EMS Agency

<b>SUPPLIES</b> (minimum required amounts)			
Adhesive dressing (Band-Aids®)	<b>1 box</b>	Gauze bandages	<b>2</b>
Airways – Nasopharyngeal		Gauze sponges 4x4 (sterile)	<b>4</b>
Large (34-36)	<b>1</b>	Gloves, sterile	<b>2 pair</b>
Medium (26-28)	<b>1</b>	Gloves, unsterile	<b>1 box</b>
Small (20-22)	<b>1</b>	Glucometer w/ strips	<b>1</b>
Airways – Oropharyngeal		Hand-held nebulizer pack	<b>2</b>
Large	<b>1</b>	Hemostats, padded	<b>1</b>
Medium	<b>1</b>	3 Infusion pumps or 1 w/ 3 chamber drip capability	<b>1</b>
Small Adult/Child	<b>1</b>	Infusion pump tubing	<b>2 full sets 4 half sets</b>
Infant	<b>1</b>	Intravenous catheters Sizes 14G-22G	<b>5 each</b>
Neonate	<b>1</b>	Intravenous tubing Macro drip	<b>2</b>
Alcohol prep pads	<b>1 box</b>	Microdrip	<b>2</b>
Backboards	<b>1</b>	Lancets (automatic retractable)	<b>5</b>
Back-up power source/Adjunct power source (invertor batteries, etc.) Second required if transporting IABP patients	<b>1</b>	Normal saline for irrigation	<b>1 bottle</b>
Bag-valve device w/ O2 inlet and reservoir Adult & Pediatric	<b>1 each</b>	OB pack & bulb syringe <sup>4</sup>	<b>1</b>
Bag-valve mask		Oxygen cannulas Adult & Pediatric	<b>3 each</b>
Large	<b>1</b>	Oxygen masks (non-rebreather) Adult & Pediatric	<b>3 each</b>
Medium	<b>1</b>	Pediatric Length-Based Resuscitation Tape (Broselow 2011A or newer)	<b>1</b>
Small Adult/Child	<b>1</b>	Pulse Oximeter	<b>1</b>
Toddler	<b>1</b>	Pulse oximeter probes (adult and pediatric)	<b>2each</b>
Infant	<b>1</b>	Saline locks	<b>4</b>
Neonate	<b>1</b>	Scissors	<b>1</b>
Cardiac Monitor-Defibrillator/including end tidal CO2 monitor/waveform capnography, external pacemaker, pulse oximeter/12 lead EKG capability	<b>1</b>	Sphygmomanometer Adult, Pediatric, & Thigh	<b>1 each</b>
ECG, 12-lead capable	<b>1</b>	Stethoscope	<b>1</b>
End Tidal CO2 Detector (Adult/Pediatric)	<b>1</b>	Suction unit (portable) w/ adapter (battery operated)	<b>1</b>
Cellular phone (personal or company supplied)	<b>1</b>	Suction catheters Sizes 8Fr.-14Fr.	<b>1 each</b>
Color Code Drug Doses LA County Kids Ref. No. 1309	<b>1</b>	Tonsillar tip	<b>1</b>
Contaminated sharps container	<b>1</b>	Syringes 1mL – 10mL w/ luer adapter	<b>assorted</b>
Defibrillator pads or paste (including pediatric)	<b>2 each</b>	Tape (various types, including cloth)	<b>1</b>
ECG electrodes Adult & Pediatric	<b>6 each</b>	Transcutaneous (external) pacing	<b>1</b>

<b>SUPPLIES</b> (approved optional equipment/medications)			
<b>MEDICATIONS</b>		<b>SUPPLIES</b>	
Dopamine premix or vials	<b>400mgs</b>	Filter needles <sup>5</sup>	<b>2</b>
Diltiazem	<b>25mgs</b>	High velocity oxygen delivery system and associated nasal cannulas (two adults/two pediatrics)	<b>1</b>
Dextrose 5% / Water 250mL <sup>6</sup>	<b>1 bag</b>	Intraosseous device <sup>7</sup> Adult and Pediatric	<b>1 each</b>
Flumazenil	<b>1mg</b>	Impedance threshold device	<b>1</b>
Furosemide	<b>100mgs</b>	Mucosal Atomization Device (MAD)	<b>2</b>
Hydralazine	<b>20mgs</b>	Respiratory ventilator	<b>1</b>
Levalbuterol HCL	<b>7.5mgs</b>		
Lidocaine (1gm/250mL)	<b>1bag</b>		
Lopressor	<b>20mgs</b>		
Lorazepam	<b>4mgs</b>		
Magnesium Sulfate (pre-mix or vial)	<b>2gms</b>		
Dexamethasone	<b>20mgs</b>		
Ondansetron (orally disintegrating tablets)	<b>12mgs</b>		
Ondansetron (intravenous) 4mgs/2mLs	<b>12mgs</b>		
Sodium Bicarbonate	<b>50mls</b>		
Vasopressin	<b>20 units</b>		

<sup>1</sup> Fentanyl carried on SCT Unit is not to exceed 1500mcgs

<sup>2</sup> Midazolam carried on SCT Unit is not to exceed 40mgs

<sup>3</sup> Morphine sulfate carried on SCT Unit is not to exceed 60mgs

<sup>4</sup> OB kits w/ clamps / scissors (no scalpels)

<sup>5</sup> Optional, if not utilizing glass ampules

<sup>6</sup> Levophed 4mg/ to be administered as an infusion only

<sup>7</sup> Requires EMS Agency approval, which includes an approved training program and QI method prior to implementation

\* May stock only one narcotic, either fentanyl or morphine sulfate-refer to Ref. No. 702

This policy is intended as an SCT Unit inventory only.

#### CROSS REFERENCES:

##### Prehospital Care Manual:

Ref. No. 414, **Specialty Care Transport (SCT) Provider**

Ref. No. 702, **Controlled Drugs Carried on ALS Units**

Ref. No. 710, **Basic Life Support Ambulance Equipment**

Ref. No. 713, **Respiratory Care Practitioner (RCP) Specialty Care Transport (SCT)  
Unit Inventory**